## STATE OF NEVADA BOARD OF EXAMINERS FOR LONG TERM CARE ADMINISTRATORS

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## **CHANGE/ADDITION OF FACILITY**

NAC 654.181 provides that each person licensed as a nursing facility administrator or an administrator of a residential facility for groups shall notify the Board in writing:(1) any time he/she changes his/her residential address or changes his/her affiliation with a facility within 15 days after such an event. A Licensee will be subject to a fine of \$500.00 for a first violation and at least \$1,000.00 for a second or subsequent violation, but will not exceed \$10,000.00 for each violation.

Upon the termination of your affiliation with a facility for any reason, you SHOULD IMMEDIATELY NOTIFY BELTCA IN WRITING AND RETURN THE LICENSE NAMING THAT FACILITY TO BELTCA. To be in compliance with NAC 654.181, such notice must be received by BELTCA within 15 days of this change or you will be in violation of NAC 654.181, and you will be fined.

## Requests for licenses naming a facility cannot be issued until the license from the previous administrator is received by BELTCA.

A fee of \$100.00 is required for the issuance of a new license for each new facility and/or a new license. In addition, it is required that the licensee must complete the attached Facility Fact Sheet to maintain the accuracy of the Board's records.

The signature of the facility owner or owner's representative is required for all new facilities requested by a licensee.

## PLEASE PRINT LEGIBLY AND PROVIDE COMPLETE INFORMATION.

| LICENSEE NAME         |                                      |                        | LICENSE NO     |
|-----------------------|--------------------------------------|------------------------|----------------|
| (Home Street Address) |                                      | (City, State, Zip)     |                |
| HOME PHONE            | CELL                                 | PERSONAL E-MAIL _      |                |
| NAME OF NEW FACILITY  |                                      | FACILITY<br>LICENSE NO | NO.OF BEDS     |
| (Street Address)      | eet Address) (City, State, Zip)      |                        | Zip)           |
| TEL. NO               | FAX NO                               | FACILITY E-MAIL        |                |
| A CHANGE APPLICATION  | WAS SUBMITTED TO HCQC                | ON                     | COPY ATTACHED. |
| SIGNATURE OF LICENSEE |                                      | EFFECTIVE DATE         |                |
| AUTHORIZED BY:        | of Facility Owner or Owner Represent | ative                  |                |
| Print Nam             | e and Title                          |                        |                |